POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	E114		10 18-01
O.I.P.E. CLASSIFIER	1		
FORMALITY REVIEW	fol	720	10-26-01
RESPONSE FORMALITY REVIEW	Y		

INDEX OF CLAIMS

,	Rejected	N	
	Allowed	- 1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

Claim	Date	Claim	Date	Claim	Date
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6		56		106	+
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8	╂┼╂┼┠┼╴┼╴┼╶┼╌┼╌┼╌┼	58	 	108	+++++++++
9	╂╁╂╁╏╎╴╎╴╎╴┼╌┼╌┼╌┼	59	++++++	109	+++++++
10	╂┼╂╢╂╢╌┼╌┼╴┼╴┼╴┼╴┼	60		110	++++-
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18	╂┼╂╎╂╎╶╎╶╎╌┼╌┼╌┼╌	65	+ + + + + + + + + + + + + + + + + + + +	114	+++-
16	╂┼╂┼╂┼╶┼╌┼╌┼╌┼╌┼╌┼	66	 	116	
	╂┼╂┼╂╟╶┼╌┼╌┼╌┼	67	 	117	
18	╂┼╊┼╂╟╌┼╌┼╌┼╶┼╶┼	68	++++	118	
16	╂┼╊┼╂┼╌┼╌┼╌┼	69	++++	119	
1 (2D)		70	+++++	120	
(47)	* N -	71		121	+++++++++++++++++++++++++++++++++++++++
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22		73	+-!+	123	
24		74	 	124	
25	+++++++++++++++++++++++++++++++++++++++	75	+ + + + + + + + + + + + + + + + + + + +	125	
26		76	+++++++	126	
27		77	 	127	
28	+++++++++++++++++++++++++++++++++++++++	78	 	128	
29	+++++++++++++++++++++++++++++++++++++++	79		129	
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36		86		136	
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38		88		138	
39		89		139	
40		90		1140	
41		91		141,	
42		92	1	142	
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47		97		147	
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49		99		149	
50		100		150	
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If more than 150 claims or 10 actions staple additional sheet here